

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF JOSEPH Q. MIRARCHI	COURT CASE NUMBER 06-43
DEFENDANT WEAVER ENTERPRISES, INC.	TYPE OF PROCESS Writ of Execution/Attachment

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
WSFS BANK  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
144 N. Dupont Highway, New Castle, DE 19720

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Jonathan Wheeler, Esquire 1617 JFK Blvd., Suite 1270 Philadelphia, PA 19103	Number of process to be served with this Form 285	
	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Attach any and all account checking accounts, savings accounts, money market funds and/or CD in the name of Weaver Enterprises (a/k/a the Tile Center, owner "James Weaver")

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-568-2900	DATE 4/20/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 166	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 5-19-06
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

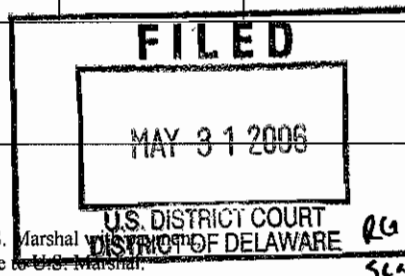
Name and title of individual served (if not shown above) <i>Nicole McCarrie, Retail Office Mgr.</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 5-19-06 Time 145 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee 45.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 45.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT



PRIOR EDITIONS MAY BE USED